

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



# ADULT & SENIOR CARE UPDATE

## March 2008

This is the first issue of the *Adult and Senior Care Update* for 2008. We appreciate your support in sharing these updates with members of your organization and others interested in adult and senior care issues.

### **CCLD BIDS FAREWELL TO BARBARA ROONEY**

Barbara Rooney reported for duty to the California Department of Social Services for the last time on Friday, February 15, 2008. For the past three years, Barbara served as Chief of CCLD's Technical Assistance and Policy Branch (TAPB). During her tenure, Barbara proved to be a dedicated and hard-working professional. Barbara returns to the Department of Motor Vehicles, her first state employer and the "launching pad" of her career in public service. We thank Barbara for her hard work on behalf of CCLD and we wish her the very best in her new career! While Barbara's successor is recruited, Bill Jordan, Program Consultant with CCLD, has graciously agreed to fill in as Acting Chief. Our thanks to Bill!

### **VICTORIA COWAN RETIRES**

Long-time CDSS employee, Victoria Cowan, retired as of February 29, 2008. Victoria worked for the State of California for 30 years. She worked for CCLD for 18 years. Victoria started with CCLD as a Licensed Program Analyst, spent nine years in the Program Office, and for the last six years was Regional Manager of the Central California Senior Care Licensing Manager. She will continue in the position as a retired annuitant until her successor is hired.

Victoria's dedication to CCLD's mission and to the people we serve is well known by those who had the pleasure of working with her. We wish Victoria all the best in her retirement!

### **CHAPTERED LEGISLATION FOR 2007**

Summaries and implementation plans for bills that affect adult and senior care facilities are now available on the CCLD website. Unless otherwise noted, these bills became effective on January 1, 2008. Licensees are encouraged to review these plans to ensure compliance with the provisions of the bills. The implementation plans for Residential Care Facilities for the Elderly, Adult Community Care Facilities and Residential Care Facilities for the Chronically Ill may be accessed at <http://ccl.dss.cahwnet.gov/PG830.htm>.

## HOW TO AVOID CITATIONS AND IMPROVE RESIDENT CARE

The Senior Care Program Administration has compiled a list of suggestions for providers to use to maintain and enhance resident care while also preventing citations.

1. Listen and respond to resident and family care concerns.
2. Ensure your Facility Administrator has the ability and staff resources to carry out their responsibilities.
3. Conduct quality assurance reviews of your facility.
4. Hire the right staff; do your best to ensure they have patience, and a true interest in working with dependent adults and seniors.
5. Invest in your staff because your services are only as good as the staff that provides them.
6. Listen and respond to staff concerns/issues.
7. Provide initial and ongoing training to your staff on your policies and procedures and the needs of the seniors you serve.
8. Conduct frequent staff evaluations to provide feedback on performance and to identify training needs.
9. Ensure you have sufficient numbers of staff to meet your residents' needs.
10. Develop a staff retention plan and strategies to reduce turnover.
11. Have clear written policies and procedures that address resident care in areas such as:
  - a. *Care and supervision;*
  - b. *Communication of changes in residents' needs;*
  - c. *Facility medication procedures;*
  - d. *Facility disaster and emergency plans;*
  - e. *Facility reporting requirements (special incidents and mandated reporting responsibilities);*
  - f. *Facility maintenance and resident safety issues; and*
  - g. *Eviction procedures.*
12. Only accept or retain residents that your staff are capable of handling (staff abilities and resources can change).
13. Inform the resident and family that significant changes in the residents' needs may require relocation to a higher level facility.
14. Chart each resident's behavior, activities and medications daily.
15. Make sure you have clear instructions for reporting changes in your residents' health and behavior.
16. Implement fall prevention plans for residents who need this assistance.
17. Keep toxics away from residents who need protective supervision.
18. For facilities with shift staff, consider overlaps for sharing resident information.
19. Know the regulations and share them with staff.
20. Use the appeal process when you believe a citation was incorrectly issued.
21. Develop a professional/cooperative relationship with your Licensing Program Analyst.
22. Join an association; they are your advocates and consultants concerning legislation and licensing policies and regulations that impact your facilities.

## **CCLD WEBSITE INFORMATION ON RESIDENTIAL CARE FACILITIES**

Information related to residential care facilities may be found on the CDSS website. When visiting the CCLD home page, click the "Facility Facts" tab. Four selections will appear: Facility Types, Find Licensed Care, Review a Facility File, and Licensing Statistics. Click on a selection for information on 1) types of facilities, 2) how to find a facility, 3) how to review facility files, and 4) statistical information. Please see the attached lists for phone numbers and locations of [Adult](#) and [Senior](#) Care Program offices.

## **ALERT: OMBUDSMAN INTERNATIONAL**

The State of California Long-Term Care Ombudsman advises that an organization named Ombudsman International (<http://www.ombudsmaninc.org/>) is attempting to advocate for residents of long-term care facilities. This organization is not a designated entity of the California Long-Term Care Ombudsman Program and is not affiliated with the State of California Long-Term Care Ombudsman program in any way. If you have any questions related to this alert, please contact State Ombudsman Joe Rodrigues by phone at (916) 419-7510 or by e-mail at [jrodrigu@aging.ca.gov](mailto:jrodrigu@aging.ca.gov).

## **SCABIES INFORMATION AND GUIDELINES**

The California Department of Public Health (CDPH) recently informed the Department that it had become aware of an increase in scabies outbreaks in healthcare facilities, involving both long-term care and acute care facilities. Licensees of adult and senior care facilities are encouraged to review information on scabies prepared by CDPH for information and guidelines that may be of use to them. Attached is a December 2007 memo from CDPH that summarizes background information on scabies. In addition, the 1999-2000 CDPH guidelines "Prevention and Control of Scabies in California Long-Term Care Facilities" can be accessed at: <http://www.dhs.ca.gov/ps/dcdc/disb/pdf/Scabies%20Guide.pdf>. A fact sheet on scabies prepared by the Centers for Disease Control and Prevention (CDC) can be accessed on the CDC web site at:

[http://www.cdc.gov/ncidod/dpd/parasites/scabies/factsht\\_scabies.htm](http://www.cdc.gov/ncidod/dpd/parasites/scabies/factsht_scabies.htm) (English) and [http://www.cdc.gov/ncidod/dpd/parasites/scabies/factsht\\_scabies\\_spanish.htm](http://www.cdc.gov/ncidod/dpd/parasites/scabies/factsht_scabies_spanish.htm) (Spanish).

As always, if you suspect a client/resident has scabies, don't hesitate to contact the client's/resident's physician. Outbreaks or suspected outbreaks of scabies should be reported to the local licensing office and the local health department. An outbreak would be considered two or more confirmed cases of scabies (or one confirmed case and two suspected cases) in a two-week period among clients/residents, facility staff, and visitors or volunteers.

## **PRICARA™ RECALLS 25 mcg/hr DURAGESIC® PAIN PATCHES**

In a press release dated February 12, 2008, PriCara™, a Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., stated that all lots of 25 microgram/hour (mcg/hr) DURAGESIC® (fentanyl transdermal system) CII patches sold by PriCara in the United States and all 25 mcg/hr fentanyl patches sold by Sandoz, Inc. in the United States are being voluntarily recalled. The recalled patches have expiration dates on or before December 2009, and are manufactured by ALZA Corporation, an affiliate of PriCara. All

25 mcg/hr fentanyl patches manufactured by ALZA and sold in Canada are also being recalled.

The patches are being recalled because they may have a cut along one side of the drug reservoir within the patch. This could result in a possible release of fentanyl gel from the gel reservoir into the pouch in which the patch is packaged, exposing patients or caregivers directly to the gel. As per the approved product labeling for DURAGESIC, fentanyl is a potent Schedule II opioid medication. Fentanyl patches that are cut or damaged in any way should not be used. Exposure to fentanyl gel may lead to serious adverse events, including respiratory depression and possible overdose, which may be fatal. Anyone who comes in contact with fentanyl gel should thoroughly rinse exposed skin with large amounts of water only; do not use soap. Immediately dispose of affected patches with cut edges by flushing them down the toilet, using caution not to handle them directly. Patches with a cut edge that have leaked gel will not provide effective pain relief.

Anyone with 25 mcg/hr DURAGESIC or Sandoz, Inc. fentanyl patches should check the box or foil pouch for the expiration date to see if their patches are subject to the recall. The cut edge in affected patches can be seen upon opening the sealed foil pouch that holds the patch. If you have the recalled 25 mcg/hr DURAGESIC® patches call 1-800-547-6446. If you have the recalled 25 mcg/hr Sandoz, Inc. patches call 1-800-901-7236. Patients using fentanyl patches who have medical questions should contact their health-care providers. For more information, visit [www.DURAGESIC.com](http://www.DURAGESIC.com).

## **CHATTEM, INC. ISSUES URGENT VOLUNTARY NATIONWIDE RECALL OF ICY HOT® HEAT THERAPY™ PRODUCTS**

In a press release dated February 8, 2008, Chattem, Inc. announced it is issuing a voluntary nationwide recall of its Icy Hot Heat Therapy products, including consumer samples that were included on a limited promotional basis in cartons of its 3 oz. Aspercreme® product. Chattem is recalling these products due to reports of first, second, and third degree burns and skin irritation by some users of the products.

All lots and all sizes of the following Icy Hot Heat Therapy products are affected by the recall:

- Icy Hot Heat Therapy Air Activated Heat--Back
- Icy Hot Heat Therapy Air Activated Heat--Arm, Neck, and Leg
- Icy Hot Heat Therapy Air Activated Heat--Arm, Neck, and Leg single consumer use samples included on a limited promotional basis in cartons of 3 oz. Aspercreme Pain Relieving Creme.

NOTE: Once removed from their holding cartons, the recalled products are in red plastic pouches with the words **Icy Hot Heat Therapy--Back** or **Icy Hot Heat Therapy—Arm, Neck and Leg**. Single use samples of Icy Hot Heat Therapy—Arm, Neck and Leg were included on a limited promotional basis in yellow and red cartons of 3 oz. Aspercreme Pain Relieving Creme. The samples were distinct and stand-alone products, clearly labeled as "Icy Hot Heat Therapy Air Activated Heat," with their own internal labeling.

These products are sold over the counter through food, drug and mass merchandisers. **Consumers who have the Icy Hot Heat Therapy products under recall should immediately stop using them, discard them, and/or return them to Chattem, Inc.**

Products may be returned for a full refund (average retail price) by calling Chattem's Consumer Affairs Department at 1-877-742-6275 (M-F from 8am to 4pm EST) or via Chattem's website at [www.Chattem.com](http://www.Chattem.com).

## **AUTOMATED EXTERNAL DEFIBRILLATORS**

Automated External Defibrillators (AEDs) have become a common fixture in public places. While residential care facilities for the elderly (RCFE) regulations require that facility staff and caregivers have first aid training, the regulations do not require RCFEs to have an AED on site, although administrators may wish to consider the advantages of having an AED readily available.

An AED is a portable electronic device that diagnoses and treats cardiac arrest by re-establishing an effective heart rhythm. This treatment is called defibrillation. It applies an electric shock to the entire heart muscle, uniformly clearing the electrical activity of the heart. For every minute that goes by without defibrillation, a person's chance of survival decreases by ten percent.

The American Red Cross is one organization that offers AED training. For more information, please contact your local Red Cross office or visit the website at <http://www.redcross.org/services/hss/courses/>.

## **SUMMARY**

If you have questions about this *Update* or suggestions for future topics, please contact Bill Jordan, Acting Chief of the Technical Assistance and Policy Branch, at (916) 657-2346. Please visit our website at [www.cclcd.ca.gov](http://www.cclcd.ca.gov) to obtain copies of *Updates*, office locations, provider letters, regulations, or to learn more about licensing services.

Sincerely,

*Original Signed by Jeff Hiratsuka for*  
JO FREDERICK  
Deputy Director  
Community Care Licensing Division

Enclosures